



# College Access Challenge Grant – IDAHO

*2015 CIS Training Reimbursement Form*

The State Board of Education will use CACG Program funds to assist schools in paying for access to the Idaho Career Information System (CIS) tools to help students plan and prepare for college and careers. The CACG program focuses on partnerships that are aimed at increasing the number of low-income students who are prepared to enter and succeed in postsecondary education.

**Participating schools are eligible for reimbursement of costs** associated with site personnel attending the 2015 Fall Career Development Workshop Series. Reimbursement will be distributed at the district level and will be available on a first-come, first served basis.

**District offices should email or fax the completed reimbursement form to:**

Byron Yankey, CACG Program Manager

[Byron.Yankey@osbe.idaho.gov](mailto:Byron.Yankey@osbe.idaho.gov)

Fax: 208-334-2632

**Please indicate the number of staff from each school within your district who attended a 2015 Fall Career Development Workshop:**

|             |                |            |              |
|-------------|----------------|------------|--------------|
| Site: _____ | # Staff: _____ | x \$100.00 | Total: _____ |
| Site: _____ | # Staff: _____ | x \$100.00 | Total: _____ |
| Site: _____ | # Staff: _____ | x \$100.00 | Total: _____ |
| Site: _____ | # Staff: _____ | x \$100.00 | Total: _____ |
| Site: _____ | # Staff: _____ | x \$100.00 | Total: _____ |
| Site: _____ | # Staff: _____ | x \$100.00 | Total: _____ |
| Site: _____ | # Staff: _____ | x \$100.00 | Total: _____ |

**Total district reimbursement due (sum of all sites):** \_\_\_\_\_

School District \_\_\_\_\_

School District Address \_\_\_\_\_  
Street City Zip

School District Phone \_\_\_\_\_ School District Fax \_\_\_\_\_

School District Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I acknowledge that I support participation in the above mentioned activity.

Administrator's Printed Name \_\_\_\_\_

Approved by CACG Program Manager \_\_\_\_\_ Date \_\_\_\_\_  
Signature